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Art. I.—ON WIND CONTUSIONS.

BY JOHN R. PURDIE, M. D.

Smithfield, Va. May 24th, 1838.

To Professor Dunglison.

Some remarks of Samuel Annan, M. D., respecting the nature of *Wind Contusion*, in the latter part of his paper on "Gun-Shot Wounds," published in the "Intelligencer" of the 2d April, have particularly attracted my attention, from the circumstance of his having advanced the opinion, that "the elasticity of the parts against which the ball impinges" will "account for these remarkable occurrences." The fact that persons are frequently found dead after an engagement, on whose bodies no external marks of violence are visible, has more or less engaged the attention of all writers on military surgery. The question of the immediate cause of such deaths has been attempted to be solved in different ways, but still remains in doubt. I perfectly agree with Mr. Samuel Cooper as regards the absurdity of considering such cases the effects of commotion in the air produced by the rapidity of the bullet's motion; and I also concur with Dr. Annan in his criticism of Mr. Cooper's notion of "reflection" of bullets from the "surface of the human body."

But is Dr. Annan's idea of elasticity more plausible? Or can all such cases be satisfactorily explained by it? Let us examine his position. The Doctor says, "When a bullet strikes the abdomen or thorax with a force *not quite sufficient* to penetrate, the elasticity of the parietes of those cavities will cause it to rebound; and while great injury may be done to the parts within, which are driven against the spine, or some other unyielding substance, the skin and muscles may entirely escape."

Granting that a *spent ball* might produce death, by injuring the viscera of the great cavities, without leaving any visible mark on the skin, how will he account for cases of this kind caused by balls or portions of shell moving with their *maximum* velocity? Or does he contend that missiles under such circumstances never produce *wind contusions?* If he assumes the latter ground, the following case, I think, will refute it. It was related to me by a friend who was a soldier in Fort McHenry, during the bombardment of the British fleet, in 1814. The fleet, being beyond the reach of the American guns, sent forth a continued stream of bombs at the fortification, many of which fell within its walls. During this period our brave troops, under the gallant Armstead, were unprotected and unemployed, except in standing by their pieces, awaiting a nearer approach of the enemy. While in this state of anxious suspense, a well-directed shell approached the fort, and burst about ten feet from the ground, immediately over a cannon, on which were sitting a lieutenant, a sergeant, and two or three privates. The lieutenant, I think, was killed, perhaps others were more or less injured by the explosion, and on examining his body not the slightest bruise or scratch was to be found.

Now can it be imagined that a rough and angular piece of shell, possessing the velocity which such objects must have at the above named distance

from the point of bursting, could have struck a human body with sufficient force to produce death, without leaving some external trace? Methinks the most elastic body, caoutchouc itself, must have yielded to so great a momentum. My informer is a gentleman of the strictest veracity, and at this time a citizen of Baltimore.

I have never witnessed but one case of *wind contusion*, and that did not occur in a human being. About two weeks since, I was amusing myself, with two friends, by shooting frogs with a rifle. We had killed several while standing on the margin of a pond not exceeding twenty feet in width; and after exhausting our ammunition dragged them ashore by the assistance of a pole. On examination we found that one had not the least external sign of injury, and I was minute in inspecting the head, that being the part at which we directed our aim. How could a rifle-ball, shot from a distance not exceeding fifteen feet, strike the tender organisation of a frog, kill him, and yet produce no wound. I must admit it is beyond my conception. These cases must satisfactorily refute the idea that *spent balls* alone cause the effects of which we are speaking.

Then if neither of these opinions be correct, in what manner shall we explain this incident? It appears to me that the *rationale* offered by Dr. Elisha De Butts, the late highly talented and deeply regretted professor of chemistry in the University of Maryland, is, if not perfectly satisfactory, highly plausible. I have never seen his idea on the subject in print; but he mentioned it to his class each of the three years that I was a member of it, (from 1826 to 1829.) According to the professor, electricity is the agent; but he did not suppose it to be collected "by the violent friction of the ball in the bore of the gun," as supposed by some. He formed his opinion on the fact that, many bodies in passing through the atmosphere collect electricity. This takes place in a greater degree when "the air is loaded with a great excess of electricity, which cannot escape into the earth on account of the want of moisture." In this condition of the atmosphere even stationary objects collect it in sufficient quantity to evince various electrical phenomena. M. Rozet, in his "*Voyage dans la Regence d'Algir*," says, "Thus, on the 8th May, 1831, the whole atmosphere appeared on fire after sunset in the neighbourhood of Algiers. White flames were seen at the points of the flag staffs on the ramparts for the space of half an hour, and the points of the hair of some officers who were walking seemed to be tipped with a similar luminous appearance. On raising up their hands they were astonished at perceiving similar points of light issuing from the tips of their fingers."

The professor satisfied himself that bombs collected a sufficiency of this fluid to become luminous in the dark, from observations which he made during the bombardment of Fort McHenry. Having procured a small boat, and accompanied only by an ignorant negro, he proceeded at night to a point on the opposite shore from the fort, from which he could distinctly perceive each discharge of the British mortars. Having satisfied himself that the shells became luminous after proceeding some distance from the mortar he enquired of the negro whether he saw any bright object passing in a certain direction, and what it resembled. The fellow answered affirmatively, and said that it looked like a little moon; which corresponded precisely with his idea of the appearance of the luminous shell. This statement the professor made to his class in confirmation of his opinion, that the electricity collected by balls when passing through the air, is sufficient to cause the death of a human being when discharged into his body—thereby producing the phenomenon commonly called *wind contusions*. The shining appearance of the shell could not have been caused by the match, because it was not observed until the shell had issued a considerable distance (say one third of that intended) from the mortar—had the match occasioned the lustre, it would have been witnessed as soon as the shell escaped from the smoke of the discharge.

I am not aware that the most positive solution of this question would

afford much practical importance, but believing the opinion of the learned professor has never been placed on record, and having my attention drawn to the subject by the remarks of Dr. Annan, I offer this paper to you for publication, should you deem it worthy of a place in the "Intelligencer."

J. R. PURDIE, M. D.

ART. II.—PROF. T. R. BECK IN REPLY TO PROF. MONTGOMERY, OF DUBLIN.

In Dr. Montgomery's excellent work, referred to in the subjoined communication from Dr. Beck, there is the following note:—

"Dr. Beck, in a note to his chapter on Legitimacy, Ed. 5, p. 331, says he is 'peculiarly happy to find that Dr. A. Thomson is a firm believer in the uniform period of gestation;' but to me it appears that in so saying he does not correctly represent the sentiments of Dr. Thomson, whose opinion I find thus expressed in a lecture of his, recently published in the Lancet for December 3, 1836. 'I am not so attached,' he says, 'to my own opinion, as to deny that a difference of one, or even two weeks may occur; but beyond that, the case certainly becomes questionable,' p. 347. And again, he adds, 'My opinion is decidedly against the possibility of the protraction of uterine gestation for many days over forty weeks from the time of conception.' p. 248. Here is, as appears to me, a distinct admission that gestation may be prolonged, and that Dr. T. would not refuse his assent to a protraction of even two weeks."—*Montgomery*, p. 280.

The following explanation of Dr. Beck is entirely satisfactory.—*Ed.*

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Albany, May 28, 1838.

To Professor Dunglison.

In a note to my chapter on Legitimacy, I made the following remark,—"I am happy to find that Dr. Anthony T. Thomson is a firm believer in a uniform period of gestation," and quoted my authority for this. I am sorry to find that Dr. Montgomery in his work on the Signs and Symptoms of Pregnancy impugns my accuracy, and in proof quotes a number of the Lancet published *more than a year* after my treatise on Medical Jurisprudence issued from the press.

It is sufficient to quote the words of Dr. Thomson from the publication to which I referred (London Med. and Surg. Journal, vol. 6, p. 546), "I must declare to you my opinion, that, except in cases in which something occurs to interrupt the regular function of the uterus, so as to produce a premature expulsion of the fœtus, labour will *always* occur at two hundred and eighty days after conception. This opinion is of the most ancient date."

Yours,

T. ROMEYN BECK.

ART. III.—CASE OF SERIOUS CONVULSIVE DISEASE.

COMMUNICATED BY DR. JOSEPH PEACE, OF PHILADELPHIA.

The following case, contained in a letter from Dr. H. I. Posey, of Florence, Alabama, to a friend in this city, is illustrative of the views of Prochaska, Marshall Hall, and others. It may be known to most of our readers, that Dr. M. Hall proposes to divide all the nerves into—1. The *cerebral* or the *sentient* and *voluntary;* 2. The *true spinal* or *excito-motory*; and 3. The *ganglionic* or the *nutrient* and *secretory*. If the sentient and voluntary functions be destroyed by a blow upon the head, the sphincter muscles will still contract when irritated, because the irritation is conveyed to the spine,

and a reflex action takes place to the muscle so as to throw it into contraction. But if the spinal marrow be now destroyed, the sphincters remain entirely motionless, because the centre of the system is destroyed. Dr. Hall thinks, that a peculiar set of nerves constitute, with the true spinal marrow as their axis, the second subdivision of the nervous system; and as those of the first subdivision are distinguished into sentient and voluntary, these may be distinguished into the *excitor* and *motory*. The *first*, or the excitor nerves, pursue their course principally from external surfaces, characterised by peculiar excitabilities, to the true medulla oblongata and spinalis; the *second*, or the motor nerves, pursue a reflex course from the medulla to the muscles, having peculiar actions, concerned principally in ingestion and egestion. To the cerebral system, Dr. Hall assigns all diseases of sensation, perception, judgment, and volition,—therefore, all painful, mental, and comatose, and some paralytic, diseases.[1]

There can be little doubt to which of the groupes Dr. Hall would assign the present case.—*Ed.*

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Florence, Alabama, April 16th, 1838.

Dear Brother,—According to promise I herewith send you a statement of the case of my little son, as near as my recollection serves me. I look upon the case as one of remarkable and peculiar characteristics, and perhaps without a parallel in the annals of disease. He was attacked in the month of May, 1837, being then about three years and a half old, and the following were the symptoms:—Unusual drowsiness and inactivity were observed a day or two previous to the development of the train of symptoms which followed in rapid and alarming succession, until complete insensibility and prostration of strength ensued; although the child ate and slept as usual, and had been in good health for months past. The little sufferer asked for his bed at an unseasonable hour, was gratified, fell into a deep sleep, and remained in that apparently easy situation for a couple of hours, when he suddenly started from his sleep with horror depicted on his countenance, and a fearful sense of *falling* was eagerly and anxiously expressed to his mother, although he was lying flat upon his back in bed. He was taken up, still under the influence of a most timid and apprehensive state of feeling, and placed upon an easy chair, at his request; but he had not long rested in that position before his screams arrested the attention of his nurse, who immediately gave information that the child was having a *fit*. I reached him soon after the paroxysm was off, and had an opportunity of observing minutely the progress of the symptoms, as they occurred, throughout the succession of the spasms which he was destined to endure. At the onset of a paroxysm his lower extremities were drawn up, his fist clenched, and eyes turned upwards and outwards, with an anxious expression of the face. The spasm passed off in about two or three minutes, leaving the patient quite himself again, with the exception of an undefined expression of terror and evil omen remaining upon his features. These fits or spasms came on at intervals of from three to five or ten minutes, and lasted two or three, during which time the respiration was difficult and hurried, and accompanied with piteous moans and a clammy perspiration. After these fitful paroxysms had continued with but little variation for several hours, the faculties of speech and the power of locomotion left him, but his mind, from all tangible evidence, remained unimpaired. During the fits, he would attempt to raise himself in bed, from the apprehension or sense of *falling*, and was accordingly assisted up, and held in a sitting posture until the spasms receded. These spasms commenced first by a rolling or fixation of the eyes upwards and outwards, or crossed, and a gradual though firm con

[1] Principles of the Theory and Practice of Medicine, p. 242, London, 1837.

traction of the *extensor* muscles of the hands and feet, which bent them *backwards* upon the wrists and ankles. There were no *rigors* of the muscular system, such as are generally observed in ordinary convulsions, but a smooth and firm contraction. After continuing in this manner at intervals of from three to five minutes for nearly a day, the spasms attacked the *flexor* muscles of the arms and legs, and a corresponding change likewise took place in the direction of the eyes, but all the other symptoms continued as before. The contractions of the muscles were smooth and progressive throughout the paroxysms, and a sense of pain was only apparent at the accession of the spasms. These symptoms continued with but little intermission for two days and a half, during which period no less than *two thousand distinct paroxysms* must have occurred.

From the beginning of the disease, the usual remedies for worms (they being suspected to be the cause) were promptly exhibited in full doses, together with the catalogue of antispasmodics, &c.

One *live* worm was discharged from the stomach the first day, nine or ten inches in length, and two or three of equal dimensions (alive) passed the bowels the day afterwards. From the time of the discharge of the worms, the little sufferer evinced marked signs of relief, and a gradual diminution in the severity and frequency of the spasms followed the repetition of the remedies, and the patient was left free from spasms, but in a *speechless* and helpless condition, which lasted for three or four months afterwards, though in the possession of all his mental faculties. The great prostration of the nervous power, produced by the number and severity of the shocks received, has lasted even until now; but a gradual return of the faculties of speech and the powers of locomotion has likewise taken place. First he could only roll himself over on the floor, from place to place; next he began to crawl, and now he can stand without assistance, and make a few steps without falling. His speech has been returning in the same gradual manner. His appetite and general health are good, and the improvement of his strength slow but progressive. The total loss of speech and the power of locomotion, and the contractions of the *extensor* system of muscles, while at the same time the functions of digestion, respiration, secretion, &c., continued unimpaired, are what I consider *peculiarities* in this case; and it is furthermore remarkable, that during the whole course of the malady no symptoms of fever or constitutional disease have been manifest; on the contrary, the system has appeared to discharge all its natural duties with ease and perfection. The skin has remained cool, moist, and of a healthy feel, the pulse regular, soft, and compressible, the tongue clean, and all the secretions and excretions have taken place uniformly and naturally. The case appears to be an anomalous one, and I submit it to the farther investigation of others, hoping it may find a parallel, with effective means of cure.

Your brother,

H. I. Posey.

Art. IV.—DEEP PENETRATION OF THE BRAIN BY A KNIFE, RECOVERY.

BY CONGREVE SELWYN, M. D.,[1]

Consulting Physician to the Ledbury Dispensary.

William Bishop, living at Hill Farm, Bosbury, Herefordshire, aged four years at the time of the accident (Sept. 1821), was eating his dinner, his plate being on a kitchen chair; near him was another chair; he placed a foot on a bar of each chair; the chairs receded from each other, in consequence of the motion given to them while his limbs were extended. He fell, and the knife entered in the following manner.

[1] Lancet, March 31, 1838, p. 16.

The father of the boy at the time of the accident, told me that it required all his force to dislodge the knife from its situation. It was a common cheese-knife, about four and a quarter inches long in the blade, and averaging three quarters of an inch broad. It entered in a direction nearly horizontal to the depth of three inches and a quarter, entering the right orbit, immediately beneath the superciliary ridge, and penetrating (through the posterior part of the orbital plate of the frontal bone) the substance of the brain, injuring in its course the optic nerve, and the levator palpebræ muscle, or the motor filament supplying it.[1] The hemorrhage was very slight. After the removal of the knife some portion of brain protruded; more was also discharged on the eighth day after the injury. He did not sleep for a fortnight after the accident, and was delirious during night. The treatment consisted in low diet, little or no *medical* treatment, and the application of strips of adhesive plaster to the wound, which was entirely healed in six weeks. There was never any exfoliation of bone.

The present state of the eye shows the globe to be sound and healthy in structure, though less prominent than the other. Its muscular actions are all correctly performed excepting that of the levator palpebræ superioris. The *vision is entirely lost* in that eye. The pupil is dilated, and wholly insensible to the stimulus of light.

As regards the present state of mind, all the senses are perfect, excepting the vision of the injured eye. The memory is very defective. He is incapable of applying to any pursuit requiring mental activity. His disposition is irritable, especially after indulging in liquor, or after any unusual stimulus. He has occasional pain on the injured side of the forehead, and has once since had typhus fever. His bodily health is now good, and he has the free use of the superior and inferior extremities.

Art. V.—SINGULAR TUMOUR IN THE RECTUM, IMPEDING DELIVERY.

BY JOSEPH KISCH, LONDON.[2]

I was called in on the 27th ult., at 8 o'clock, A. M., to attend Mrs. M. in labour with her fourth child. I understood from the nurse that the pains had been regular but slow, during the night; and I proceeded to examine the vagina, when, on passing my finger, I felt a fulness of the posterior parietes of the vagina, resembling the distension produced by a loaded rectum, but firmer; the os uteri was dilated to the size of half a crown, and the membranes presenting. I retired. On returning a few hours afterwards, I found the patient in the same condition. I waited some time, and finding her incapable of passing the urine, and the bladder being distended, I relieved it by the catheter, and prescribed an enema, but the patient being averse thereto had recourse to castor oil, during my absence, which failed to operate. Circumstances remained in the same state until evening, when, on again examining for the purpose of ascertaining the progress the case was making, I felt the same apparent distension of the rectum, into which I was therefore induced to pass my finger, when, instead of hardened fæces, I discovered a solid body (filling the hollow of the sacrum) situated between the rectum and vagina, and which was incompressible. I felt satisfied from its bulk that parturition could not be accomplished by the natural efforts, and being uncertain of the composition of the tumour described, I determined to ascertain that point, and therefore went home to procure a hydrocele trocar, which (having previously drawn off the urine) I passed per rectum into the substance before described, and on withdrawing the stilette

[1] There is now ptosis, probably from paralysis of this muscle.

[2] Lancet, March 31, 1838, p. 16.

and finding nothing escape by the canula, I withdrew it, and on examining it saw a substance resembling cream filling the aperture, which clearly denoted the tumour to be of the melliceris kind; I therefore procured a larger trocar (such as is used for paracentesis abdominis) with which I repunctured the tumour, and on withdrawing the stilette a large quantity (about eight ounces) of fluid escaped into a vessel, held for the purpose, which, within five minutes became concrete, resembling honey in appearance, and within a quarter of an hour I had the pleasure of witnessing the birth of a very large female child by the natural efforts. The patient continued to do well, and on the tenth day after delivery I examined the vagina and rectum, and could not detect any trace of the tumour, nor has Mrs. M. experienced any inconvenience whatever from the operation. I should observe, also, that, with the exception of a very slight difficulty in evacuating the fæces, Mrs. M. had no symptom whatever of the existence of the tumour. This information was not elicited until after delivery. I have also preserved the contents of the tumour for the inspection of the curious.

Art. VI.—SULPHATE OF QUININE IN ENGORGEMENT OF THE SPLEEN.

A writer in a late French journal,[1] after referring to some of his former observations on the efficacy of large doses of sulphate of quinine in engorgements of the spleen consequent on intermittent fevers, proceeds to detail a case to prove that the best medicines may be unsuccessful with certain subjects. The patient was a shoemaker, living on a ground floor, damp, low, and without light. He had been subject to intermittent fevers, and an enormous engorgement of the spleen supervened in consequence, for which he entered the hospital five months previously. M. Andral persevered in the exhibition of from twelve to thirty grains of sulphate of quinine daily. This medicine led to no diminution of the engorgement. A large blister was then applied to the left side, and was not attended with a more favourable result. As was natural, the persistence of this engorgement induced ascites, which increased rapidly, and in the course of two months he was obliged to be tapped twice. The powers of the patient were decreasing, and he would probably fall a victim to this affection.

The writer saw it, however, dissipate several engorgements of the spleen some months ago, at the Hôtel-Dieu, under the attendance of M. Chomel. Thus, in a patient who entered with considerable engorgement of the spleen, consequent on intermittent fever, this remedy succeeded completely. The administration of the sulphate of quinine, continued several days in the dose of twelve grains, overcame the incomplete paroxysms which existed; and under the influence of the same treatment the spleen recovered its normal dimensions. Another woman had for a long time been troubled with intermittent fever, which had yielded to sulphate of quinine; her menses were suppressed, and at the same time her abdomen acquired a very considerable size; she thought herself pregnant, but an examination made by a physician, was not long in convincing the patient that the enlargement of the abdomen was owing to an increase in size of the spleen, which occupied all the left side, and reached very nearly the umbilicus. After an application of leeches to the anus, the patient was put upon the use of sulphate of quinine; the spleen soon decreased, and it had nearly returned to its normal state when the patient left the Hôtel-Dieu.

[1] Bulletin générale de Thérapeutique Médicale et Chirurgicale, Nov. 30th, 1837.

Art. VII.—REPORT OF THE PENNSYLVANIA HOSPITAL.

The following is the list of cases treated at this valuable institution during the year ending on the 28th of April last.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
ACCIDENTAL INJURIES, VIZ.								
Burns and scalds	8	1	0	0	0	6	1	16
Contusions and wounds	96	14	8	0	0	12	13	143
Gun-shot wounds	2	2	0	0	0	2	1	7
Fractures	68	3	6	0	0	9	5	91
" ununited	2	0	0	0	0	0	0	2
Dislocations	13	0	1	0	0	0	0	14
Sprains	18	1	2	0	0	0	1	22
Frosted	2	0	0	0	0	0	1	3
Poisoned	1	0	0	0	0	0	0	1
DISEASES OF THE CHEST AND RESPIRATORY ORGANS.								
Asthma	1	0	0	0	0	0	0	1
Bronchitis	11	3	3	0	0	3	1	21
Catarrh	8	4	0	0	0	0	1	13
Hæmoptysis	1	0	0	0	0	0	0	1
Phthisis pulmonalis	0	2	3	0	0	5	4	14
Pleurisy	6	0	2	0	0	1	0	9
Pneumonia	5	1	1	0	0	3	2	12
Affections of the heart	2	0	2	0	0	1	1	5
DISEASES OF ABDOMINAL VISCERA.								
Colica Pictonum	1	0	0	0	0	0	0	1
Diarrhœa	4	1	0	0	0	4	0	9
Dysentery	12	0	1	0	0	4	0	17
Constipation	2	0	0	0	0	0	0	2
Enteritis	2	0	0	0	0	0	0	2
Gastritis	4	0	0	0	0	1	2	7
Hernia	1	0	0	0	0	0	0	1
Hæmorrhoids	2	1	0	0	0	0	0	3
Fistula	4	3	0	0	0	2	0	9
Artificial anus	1	0	0	0	0	0	0	1
Prolapsus ani	1	0	0	0	0	1	0	2
Worms	1	0	0	0	0	0	0	1
Hepatitis	2	0	0	0	0	0	0	2
Dyspepsia	0	1	0	0	0	1	1	4
DISEASES OF GENERATIVE AND URINARY ORGANS.								
Diseased uterus and vagina	2	4	1	0	0	0	1	8
" bladder and urethra	5	1	1	0	0	0	0	7
" testes and penis	9	2	0	0	0	0	3	14
Irregular catamenia	3	1	0	1	0	0	3	8
Stone in the bladder[1]	4	0	0	0	0	0	1	5
Syphilis	58	6	3	0	0	1	4	72
DISEASES OF THE BONES.								
Caries and necrosis	1	0	1	0	0	1	0	3
Diseased joints	9	1	0	0	0	0	5	15
" spine	0	0	0	0	0	0	1	1

[1] Two cases of stone in the bladder were cured by lithotripsy and two by lithotomy.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
DISEASES OF THE SKIN.								
Erysipelas	2	0	0	0	0	1	1	4
Eruptions	2	0	0	0	0	0	0	2
Psoriasis	3	0	1	1	0	0	2	7
Tinea capitis	2	0	0	0	0	0	0	2
DISEASES OF THE NERVOUS SYSTEM.								
Cephalalgia	4	1	0	0	0	0	0	5
Chorea	1	0	0	0	0	0	0	1
Convulsions	1	0	0	0	0	0	1	2
Epilepsy	1	0	0	0	0	0	0	1
Hysteria	0	0	1	0	0	0	0	1
Neuralgia	1	1	1	0	0	0	0	3
Spinal Irritation.	1	2	0	0	0	0	0	3
Paralysis	2	3	2	0	0	2	4	13
DISEASES OF THE SANGUINEOUS SYSTEM.								
Apoplexy	2	0	0	0	0	1	0	3
Inflammations	23	0	0	0	0	0	1	26
Jaundice	2	0	0	0	0	0	1	3
Fevers	17	2	0	0	0	3	1	23
" Bilious	2	0	0	0	0	0	0	2
" Intermittent	26	0	0	0	0	1	0	27
" Remittent	7	0	0	0	0	0	1	8
" Typhus	1	0	0	0	0	4	1	6
" Typhoid	14	0	0	0	0	5	0	19
Small pox	5	0	0	0	0	1	0	6
Rubeola	0	0	1	0	0	0	0	1
MISCELLANEOUS CASES.								
Cancer	1	0	1	0	0	1	0	3
Abscess	2	0	0	0	0	1	2	5
Ulcer	40	9	2	2	0	0	5	58
Paronychia	3	1	0	0	0	0	0	4
Tumour	4	1	1	0	0	0	2	8
Hare lip	2	0	0	0	0	0	0	2
Scrofula	3	1	1	0	0	0	0	5
Scurvy	0	2	0	0	0	0	0	2
Elephantiasis	1	0	0	0	0	0	0	1
Dropsy	8	1	2	0	0	4	3	18
Rheumatism	57	7	1	0	0	2	8	75
Diseased eyes	21	4	5	1	0	0	5	36
Varicose veins	3	0	0	0	0	0	0	3
	634	89	55	5	0	83	89	757
Insanity	21	17	27	0	1	14	100	180
Mania a potu	18	0	0	0	0	3	1	22
	675	106	82	5	1	100	190	1159
PREGNANT WOMEN.								
Delivered safely 39	—	—	2	0	0	1	5	47
Infants discharged in health[1] 37	—	—	0	0	0	1	2	40
			84	5	1	102	197	1246

[1] Two female children were still-born.

Art. VIII.—A MODE OF RELIEVING PATIENTS LABOURING UNDER ENLARGEMENT OF THE VEINS OF THE TESTICLE.

BY THOMAS WORMWOOD, ESQ.[1]

Assistant Surgeon and Demonstrator of Anatomy at Bartholomew's Hospital.

When cases of varicocele are allowed to proceed without any active means being adopted for their relief, the patients may experience much inconvenience from pain in the loins and spermatic cord, and frequently are incapacitated from walking any considerable distance.

P. W., aged 19, applied to me in the year 1832, in consequence of a circocele of very large dimensions, which had existed two years, and had been progressively getting worse.

The veins were distended to the size of a large apple; so much was he inconvenienced, that a walk of half a mile produced great pain in the back and spermatic cord. After a consultation with Sir A. Cooper, cold lotions, suspensory bandages, &c., having been employed without affording the slightest relief, Sir Astley recommended the removal of a portion of the scrotum. To this proceeding the patient would not consent. I therefore adopted the following mode of treatment:—

A ring, about an inch in diameter, made of soft silver wire, of a suitable thickness, was padded, and covered with wash leather. Through this I drew the lower part of the scrotum, whilst the patient was in the recumbent position, and the veins comparatively empty. I then pressed the sides of the instrument towards each other with sufficient force to prevent the scrotum escaping.

The use of this instrument every morning before the patient rose from his bed, enabled this gentleman to walk nineteen miles on the third day after the first application; and although he has for six years worn an instrument of this description, he has never experienced the least inconvenience.

And I may add, that other patients, (and amongst them medical friends), labouring under varicocele, have found the greatest relief from this simple contrivance.

BIBLIOGRAPHICAL NOTICES.

Professor Yandell's Address to the Medical Society of Tennessee.[1]

We have seen few ephemeral publications—addresses to medical societies, introductory and valedictory lectures, for example—which have impressed us more favourably than the one before us. It is creditable to the author in its spirit and in its execution; and its main object appears to be to attract the attention of the profession to a proper estimate of its best interests, and the best means of furthering them. The peroration, necessarily a little more apostrophic, and certainly somewhat more florid than the rest, may give an idea of the author's style.

"Mr. President: In casting your eye over this body you find vacant the seats of a number of those members who were of our first meeting, and who encountered disease among the early settlers of Tennessee;—and as you

[1] London Medical Gazette, April 28, 1838, p. 194.

[1] An Address delivered before the Medical Society of Tennessee, at its eighth annual meeting at Nashville, on the 7th of May, 1838. By Lunsford P. Yandell, M. D. Published at the request of the Society. 8vo, pp. 23. Louisville, Ky., 1838.

extend your view over the state, you will find few of the pioneers of the profession. In reference to that body and period it may be said,

"Star after star decays,
Every bright name that shed
Light o'er the land is fled."

The first generation of physicians in Tennessee has passed away; and we stand here their successors and representatives. They spent their days in the discharge of labours "huge and hard"—labours which demanded great bodily strength, industry, and courage—pursuing their way along blind uncertain paths—encountering hardships and privations to which these luxurious days afford no parallel. Amid such lives of toil, there could be but little leisure for study. Few books were reprinted in America, and few could be commanded. Those men had small advantages of professional intercourse. Schools of medicine were remote, and the expense of visiting them beyond the ability of most practitioners,—and above all, they were without the advantages of the periodical press. These difficulties have passed away with the generation of men who lived in the midst of them. And with all the augmented means and facilities which we enjoy—with macadamised roads, and the power of steam to hasten our travel—pursuing our professions in crowded, cultivated cities, or in thickly settled neighbourhoods, and with increased leisure thus for study—brought into contact with all parts of the country, and light from the farthest east flying to the remotest west with more than the speed of the revolving seasons—the discoveries at Paris or Vienna transmitted to Philadelphia, and from Philadelphia to Louisville or St. Louis, as if by telegraphic agency—with these enlarged efficiencies, shall we be accounted to have discharged the whole amount of duty to our profession, if we pursue them with no more than the ardour and success of our forefathers? Nay! with the multiplication of means has come a heavier weight of responsibility. We are invoked by the laborious example of our predecessors—by the clamorous wants and imperfections of the healing art—by the complicated sufferings of our fellow men—by the efforts of the profession in other lands—by our pride of state, and pride of profession, to transmit the science of medicine to our successors enriched by our labours."—p. 23.

We observe, by the way, at page 11, a trifling inaccuracy in ascribing to the Institute of France that which appertains to the Ecole de Médecine,—the latter forming no part of the former.

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Mr. Sinclair's Address to the Graduates of the Medical College of Georgia.[1]

There are several strong recommendations to this valedictory lecture. It is brief, terse, and appropriate. If brevity be proverbially the soul of wit, it is equally so, we think, of such productions.

—

Kramer on Diseases of the Ear.[2]

Our opinion of this excellent work has been amply exhibited,—in the first place by the commendatory notice we took of it in our first volume;[3] and in the next by our reprinting it in the "Library." We need only remark, at present, that it can now be procured in a separate form.

[1] Address to the Graduates of the Medical College of Georgia, delivered April 2, 1838. By the Rev. Elijah Sinclair, one of the Board of Trustees. Published by order of the Board of Trustees. 8vo, pp. 11. Augusta, 1838.

[2] For the title see *Books Received*, at the end of this number.

[3] Intelligencer, I., 438.

Grätzer on the Diseases of the Fœtus.[1]

The subject of diseases of the fœtus is by no means devoid of interest; yet it has been but little attended to. It embraces of course all those affections that are connate, and several of which demand the attention of the surgical practitioner more especially. Of course they cannot become of therapeutical importance until the child is born, but the mode in which they are induced *in utero* involves many questions of interest in pathology.

Dr. Grätzer is not the first writer on this subject. In the year 1702, a thesis was defended by Dr. Düttell;[2] and *ex professo* treatises or essays were subsequently published by Valentine,[3] Shurig,[4] Ohme,[5] Zierhold,[6] Hoogeveen,[7] Engelhart,[8] Ohler,[9] Seeligman,[10] Zuccarini,[11] Hufeland,[12] Hardegg,[13] Billard,[14] Bergk,[15] Zurmeyer,[16] and others.

The work of Dr. Grätzer considers, 1. The general diseases of an acute character; 2. General diseases of a chronic character; and 3. Local diseases.

Calculous Formation in the Tonsil.[17]—Dr. Wedding, of Stuhm, in Prussia, reports the case of a farmer who had been subject to quinsey from childhood, and who consulted him in regard to the state of his left tonsil. Dr. S. found the gland as hard as a pigeon's egg, uneven, knotty, and highly vascular, but not painful or tender. After an interval of some months, an abscess formed in the part, which, on bursting, gave exit to a stone of the size of a hazel-nut, and with the form of a mulberry calculus. The tonsil healed without permanent induration.

English Physicians in France.—The affair of the English physicians at Boulogne has terminated in the condemnation of Drs. Carter, Scott, Shuter, Allatt, and Galbraith, to the payment of a trifling fine, which, however, is equivalent to an interdiction from practising medicine in France. This decision has naturally been very unsatisfactory to the English residents at Boulogne, who have forwarded a petition to the king of the French on the subject; but their application will, probably, be of no avail, for we have been informed that, at a recent meeting of the senate of the University of France, not less than ten demands from foreign physicians for permission to practise, have met with a decided refusal. A leading French medical journal suggests, that physicians furnished with diplomas from any foreign

[1] Die Krankheiten des Fœtus, von Dr. J. Grätzer, ausübendem Arzte und Geburtshulfer. 8vo, s. 272. Breslau, 1837.

[2] De morbis fœtus in utero materno. Dissert. inaug. præs. Fr. Hoffmann, defend. Philip Düttel. Hal. 1702.

[3] De Morbis Embryonum, Giess, 1704.

[4] Embryologia historico-medica, Dresd. 1752.

[5] Diss. de morbis recent. natorum chirurgicis, Lips. 1773.

[6] De notabilibus quibusdam, quæ fœtui in utero contingere possunt, Hal. 1778.

[7] Tractatus de morbis fœtus humani, Lugd. But. 1784.

[8] Dissert. sistens morbos hominum a prima conformatione usque ad partum, præside Gruner, Jen. 1792.

[9] Prolegomena in embryonis humani pathologiam Dis. inaug. Lips. 1815.

[10] Dissertatio de morbis fœtus humani. Erlang. 1820.

[11] Einiges zur Beleuchtung der Krankheiten der menschlichen Frucht. Erlang. 1824.

[12] Journal der praktish. Heilkunde, Jan. 1827.

[13] De morbis fœtus humani. Tubing. 1828.

[14] Traité des maladies des enfans nouveaux-nés et á la mamelle. Paris, 1828.

[15] De morbis fœtus humani, Lips. 1829.

[16] De morbis fœtus. Bonn. 1832.

[17] Berlines Zeitung, June 7, 1837.

university or chartered body, should be immediately admitted to the final examination (at a reduced fee) before the Faculty of Medicine of Paris. This appears to be the only feasible way of compromising the matter.[1]

Statistics of the Deaf and Dumb, Blind and Insane, in Lower Canada.—(As ascertained by the government census of 1831; communicated by John McCord, Esq., of Montreal, to Dr. T. R. Beck, of Albany.)

	Population.	Deaf and Dumb.	Blind.	Insane.
District of Montreal,	290,050	254	195	462
Quebec,	151,985	114	105	354
Three Rivers,	56,570	33	34	108
Gaspé	13,312	7	0	0
Total,	511,917	408	334	924

Proportion of Deaf and Dumb,	1 in every	1254
Blind,	1	1532
Insane,	1	554

Cure of Paralysis of the Tongue, and of Dysphagia, by Galvanism, by Dr. Rebsamen.—The following case is contained in the Bulletin of the Medico-Chirurgical Society of Zurich.[2] An old man, seventy years old, after having slight attacks of apoplexy at different intervals, and labouring for a length of time under hydrothorax, was suddenly deprived of his voice, speech, taste, and of the function of deglutition. The intellectual faculties and the other organs were unaffected. The only means employed was the application of the positive pole of a galvanic battery to the end of the tongue, and the negative pole at the part in which nerves of taste and deglutition are situated. In a short time the paralysed functions were restored.

Uterine Hemorrhage cured by compressing the Aorta.[3]—Dr. Rolle, of Treptow, reports an instance in which he arrested uterine hemorrhage, threatening instant death, by compression of the aorta with the hand. The discharge was instantly checked. The pressure was continued but thirty seconds, and then slowly relaxed. The bleeding did not return.

Case of Aphonia, cured by an attack of Measles.[4]—Dr. Meyer, of Creutzburg, reports the following case:—A healthy strong child, of nine years, was attacked in the spring of 1828 with scarlet fever. At the commencement of the stage of desquamation, she was exposed to a draft of air, and suddenly lost her voice. She was now only able to express her meaning by signs or writing, but not to utter the slightest sound. Sudatories, internal and external, frictions to the larynx and spine, stimulants to the tongue, and electricity, were all tried in vain. At length the constant and earnest efforts of the patient succeeded so far that she was enabled to utter sound, but still without any articulation. No farther improvement occurred until eighteen months afterward, when an eruption of measles showed itself, under the influence of which the voice returned perfectly.

Medical College of Georgia.—At the annual meeting of the trustees of this institution, (April, 1838,) several important changes were made in the course of instruction. Dr. Cunningham, believing that the interest of the school would be advanced by diminishing the number of professors, tendered

[1] La Lancette Française, No. 33, 1838, and London Lancet, March 31, 1838.
[2] Schweizerische Zeitschrift für natur-und Heilkunde, and Encyclographie des Sciences Médicales, Janvier, 1838.
[3] Casper's Wochenschrift, u. s. w.
[4] Berlin. Zeitung.

his resignation of the Chair of Theory and Practice of Medicine. This was accepted, and Dr. Ford, the late Professor of the Institutes of Medicine and Medical Jurisprudence, was appointed Professor of the Institutes and Practice of Medicine. There was also an exchange of the Professorships of Anatomy, and of Physiology and Pathological Anatomy, by Drs. Dugas and Newton, the latter of whom has, in addition to the Professorship of Anatomy, assumed the Demonstratorship.

The course of lectures has likewise been reduced to the usual length adopted in other American schools of medicine.

We were satisfied that this would be the result of their novel experiment. No extensive change in the number of professors, or in the length of the session, can be advantageously made by any single college. Such attempts are utopian. The following are the present professors:—

G. M. Newton, M. D., Professor of Anatomy; Charles Davis, M. D., Professor of Chemistry and Pharmacy; Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica; L. A. Dugas, M. D., Professor of Physiology and Pathological Anatomy; M. Antony, M. D., Professor of Obstetrics and Diseases of Women and Infants; L. D. Ford, M. D., Professor of the Institutes and Practice of Medicine; Paul F. Eve, M. D., Professor of the Principles and Practice of Surgery.

Albany Medical College.—At a meeting of the Trustees of the Albany Medical College, held on the 16th inst., the following gentlemen were appointed professors, viz:—

Of Surgery—Alden March, M. D.; of Chemistry and Natural History—Prof. E. Emmons; of Anatomy and Physiology—Jas. H. Ormsby, M. D.; of Obstetrics and Diseases of Women and Children—Henry Green, M. D.; of Materia Medica and Pharmacy—D. McLachlan, M. D.; of Medical Jurisprudence—Amos Dean, Esq.

The department of Theory and Practice of Medicine remains to be filled.

Geneva College, New York. Dr. David Rogers.—This gentleman has been appointed to the Chair of Surgery in Geneva College.

University of the city of New York.—Dr. Washington has been appointed to the Chair of Clinical Medicine; Dr. Paine to the Chair of Theory and Practice; and Dr. Lee to the Chair of Materia Medica, in this nascent institution. The incumbents of the chairs are all, we believe, residents of New York.

Prize Question for 1838, *by the Medical Society of the state of New York.*—The Diseases of the Spinal Column—their diagnosis, history, and mode of treatment.

The sum of one hundred dollars is offered for the best dissertation on the above subject, to be forwarded to the Secretary of the Medical Society of the State of New York on or before the 1st of January, 1839.

Medical Examiner.—We are pleased to observe a commendatory notice of this journal, which amply fulfils all our anticipations, in a late number of a respectable British periodical;[1] the editors of which express themselves as having been "much pleased and instructed" by the contents of that "excellent weekly paper."

[1] The Dublin Journal of Medical Sciences, for May, 1838, p. 349.

Carroll White Sulphur Springs.—This is the name of a spring in Allegany County, Maryland, for the improvement of which a charter was obtained at the last session of the legislature of Maryland. A copy of this charter has been sent to us, with a scientific report upon the situation, properties, composition, &c., of the waters, by Prof. Fisher, of the University of Maryland, and Mr. Geo. W. Andrews, *pharmacien*, of Baltimore—two gentlemen in all respects competent to the investigation. The temperature of the chief spring was 47° or 48° of Fahrenheit; the *gaseous contents* were,—sulphuretted hydrogen and carbonic acid; and the *solid contents* sulphate of magnesia, muriate of soda, sulphate of lime, muriate of lime, and carbonate of lime.

We doubt not that these springs possess essentially the properties of the White Sulphur Springs of Virginia; the locality, too, is pleasant and salubrious. The distance from Baltimore is about twenty-nine miles.

Case of Cæsarean Section performed a second time on the same Woman successfully, by Prof. Gibson.—The last number of the American Journal of the Medical Sciences[1] contains the details of this case, well told, by Dr. George Fox, the attending physician. Both mother and child were saved. The circumstances connected with this case, so far as they go, are corroborative of the idea, that if, in appropriate cases, this operation be determined upon sufficiently early, it may not be attended with the terrific mortality which has followed its adoption where the powers of the system have been permitted to be almost expended before it has been thought of, or, if thought of, carried into execution.

Poisoning.—At a late meeting of the Anatomical Society of Paris, M. Prestat exhibited the digestive canal of a man who died in consequence of having swallowed half an ounce of concentrated sulphuric acid. The tongue and pharynx were free from alteration. The whole mucous membrane of the œsophagus was black, and detached from the muscular coat. Several large eschars existed in the stomach, and a few smaller ones were detected near the commencement of the intestinal canal. The man had lived eight days.[2]

NECROLOGY.

Mr. Thomas Blizard.—This gentleman, who was at one time in extensive surgical practice in London, died recently at Brighton, whither he had repaired on account of his health, which had been for some time in a declining state. It is now many years since Mr. Blizard retired from the practice of his profession, having been so fortunate as to acquire a fortune from his professional exertions at an early period of life. "Notwithstanding, however, the time which has thus elapsed since he was engaged in the busy scene, his name continued familiar to the present race of practitioners, and never was mentioned without respect. Mr. Blizard having obtained for

[1] For May, 1838, p. 13.

[2] Lancet, March 3, 1831, p. 840.

himself, and we believe most deservedly, the general esteem of his brethren, as an accomplished surgeon and high-minded gentleman."[1]

Drs. Fergus, C. Johnstone, and John Home.—Several medical men have recently fallen victims to the fever which has for some time been prevalent in London. The character of the epidemic seems very analogous to that which it has presented in Ireland and Scotland, in both of which countries a considerable number of our professional brethren have died of it.

On the present occasion we have to announce the premature decease of Dr. Fergus, Professor of Medical Jurisprudence in King's College, which took place on the 3d instant. This gentleman was only in his twenty-eighth year, and is deeply regretted by those who knew him. He had lectured during but one season, but had, nevertheless, earned for himself a high reputation among his colleagues and pupils.

Another young physician, who died of the same disease last week, is Dr. C. J. Johnstone, Physician to the Foundling, Fellow of Caius College, Cambridge; in whom also the profession has lost a promising and respected member.

In Edinburgh, Dr. John Home, son of the Professor of Physic, has been added to the list of those to whom this fever has proved fatal: he is spoken of as a young man of great promise, and is said to have caught the disease in the discharge of his duties at the Fever Hospital, to which he was physician.[2]

BOOKS RECEIVED.

An Address to the Graduates of the Medical College of Georgia, delivered April 2, 1838. By the Rev. Elijah Sinclair, one of the Board of Trustees. Published by order of the Board of Trustees. 8vo, pp. 11. Augusta, 1838.

From Messrs. Thomas, Cowperthwaite, & Co., the Publishers.—Nature and Treatment of Diseases of the Ear. By William Kramer. Second edition of the author's treatise on chronic deafness, much improved and enlarged. Translated from the German, with the latest improvements of the author since the last London [German] edition. By James Risdon Bennett, M. D., Member of the Royal College of Physicians of London, &c. &c. 8vo, pp. 250. Philadelphia, 1838.

Report of the Pennsylvania Hospital for the year ending 4th month, 28th 1838.

From the Author.—Boston Medical and Surgical Journal for May 30th, 1838, containing Cases of Laceration of the Iris (with a coloured plate), by Edward J. Davenport, M. D., Boston.

From the Author.—An Address delivered before the Medical Society of Tennessee, at its eighth annual meeting at Nashville, on the 7th of May, 1838. By Lunsford P. Yandell, M. D. Published at the request of the Society. 8vo, pp. 23. Louisville, Ky., 1838.

Charter of the Carroll White Sulphur Spring Company, in Allegany county, Maryland, with a scientific report upon the situation, properties, composition, &c., of the springs. 8vo, pp. 20. Baltimore, 1838.

Guy's Hospital Reports, No. VI., April, 1838. Edited by Geo. H. Barlow and James P. Babington. 8vo, pp. 287. (With ten plates.)

[1] London Medical Gazette, for May 5, 1838, p. 249.
[2] Ibid, April 7, 1838, p. 80.